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THE KEY – PROJECT EVALUATION FINAL REPORT

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Executive Summary including summary of evaluation findings

Introduction

The Key project was set up in 2013 as a prototype approach aiming to support disadvantaged and vulnerable girls and young women, aged between 13 and 25 within the Leeds area. The project is located within Womens Health Matters, a charitable provider of gender-specific services in Leeds. This report presents the findings from an evaluation of The Key conducted by the Centre for Health Promotion Research, Leeds Beckett University. It presents evidence about the project's journey, the outcomes for young women as a result of working with the project and overall learning from the project.

Background

The academic literature suggests that organisations which offer women-centred approaches to service provision can produce improvements in wellbeing and also can be a viable and effective setting for providing interventions to meet client needs (Nicholles and Whitehead, 2012, Hatchett et al., 2014). Moreover, evidence suggests return on investment in women's services, in terms of social value and savings from reduced demand in areas of health, reoffending and housing. Women's community services can support clients in making positive changes to their lives, reducing demands on other services such as police, courts and offender management, whilst improving outcomes for their children (Nicholles and Whitehead, 2012). This evaluation will contribute to this evidence base about gender-specific approaches by exploring The Key's approach to working with and supporting girls and young women and by assessing the extent to which the project has met its aims and objectives.

Evaluation aims and objectives

The evaluation used a mixed-method approach including data collection from group work activities with young women, semi-structured interviews with project staff and desk-based analysis of monitoring data. The evaluation sought the views and experiences of The Key staff and service users in order to research the extent to which the project had been able to achieve the following objectives:

- Outcome 1 – Young women involved in the project will have increased their ability to identify abusive behaviours and respond appropriately;
- Outcome 2 – Young women involved in the project will have increased their safety from abuse through peer support;
- Outcome 3 – Young women involved in the project will have increased their capacity to control and change their lives; and
- Outcome 4 – Young women involved in the project will have increased their self-confidence and sense of control.

Key Messages from the Evaluation

1. The Key is an example of an effective gendered approach to working with vulnerable and disadvantaged young women.
2. The young women accessing The Key have trust and confidence in it, and generally report positive experiences of working alongside their peers in a group context.
3. The Key has been effective at meeting its outcomes, thus through the delivery of both group work sessions and additional one-to-one support, has enabled and supported young women to: 1. Increase their ability to identify abusive behaviours and respond appropriately; 2. Increase their safety; 3. Increase their capacity to control and change their lives, and finally; 4. Increase their self-confidence and sense of control.
4. Young women accessing The Key have a range of complex needs, therefore working flexibly is an important approach for providing effective support.
5. Working flexibly has also been important in providing the space and time required to deliver successful gender-specific service provision for girls and young women.

Overall summary of evaluation findings

- The Key has succeeded in working with 77 girls and young women until the end of September 2015 when the evaluation took place. The project will end in April 2016 after 36 months, therefore final numbers of girls and young women will be higher than at the time of writing.
- The Key has successfully met the four outcomes that it was created to deliver, and has enabled young women to:
 - Increase their ability to identify abusive behaviours and respond appropriately;
 - Increase their safety from abuse through peer support;
 - Increase their capacity to control and change their lives; and
 - Increase their self-confidence and sense of control.
- The Key's location within an existing organisation has been fundamental to maximise reach, secure referrals and signpost young women when possible.
- The Key has benefitted from the flexibility of its funder, The Big Lottery, in enabling the project to alter its approach in response to the learning from the first few months of delivery.

- The Key provides a good example of gender-specific work with young women, from which critical success factors can be identified. These are:
 - The importance of peer-support delivered in a group work context;
 - The efficacy of a flexible and adaptable approach, e.g. working with girls and young women without time-limits and offering both group and one to one support;
 - The significance of a gendered-approach, in creating safe and supportive environments for girls and young women; and
 - The value of the skills, experience and commitment of the project workers.

Learning from The Key

- Learning from the project shows the importance of the flexibility adopted in relation to the project development and delivery mechanisms. This level of flexibility and adaptability enabled the project to respond to young women's individual needs and experiences. The funders of this project were also important in enabling this approach. Thus, working with this group of vulnerable young women with complex issues and needs required longer than a 12 week fixed period, as was initially anticipated.
- Young women require support when leaving The Key. Given that many young women reported that participating in the group sessions enabled them to stay safe, it is unsurprising that they may feel reluctant to move on. Thus, project workers learnt that developing structured exit plans, sign-posting, links and referrals to other provision, and in addition celebrating young women's achievements facilitates moving on and can help address any potential emotional distress associated with leaving.
- The Key has been delivered by experienced project workers who were able to develop trusting relationships with vulnerable and disadvantaged young women. There is academic literature that outlines the importance of the project workers' qualities in relation to the success of this type of project (see Jones, 2014).
- The location of The Key within an existing organisation was important for recruitment and referrals into the project, enabling a good level of referrals through existing networks. Furthermore, young women involved in The Key were also supported to access other existing groups within the organisation when they were ready to move on from The Key.

Issues for consideration

Whilst The Key has successfully established an effective approach to engaging young women with a range of complex needs, working to enable them to develop their knowledge, safety and self-confidence, this evaluation has raised some issues to be considered for future projects. These are discussed below:

- Vulnerable and disadvantaged young women can experience a numerous issues at times of risk and crisis, as represented through the diverse range of problems represented within The Key. Common themes were discussed within group work settings, however there are not necessarily any easy to map clear patterns in relation to the lives and experiences of disadvantaged and vulnerable young women at times of risk and crisis. Future work around young women's experiences would benefit from a greater understanding of potential patterns to better inform project planning and service delivery.
- Whilst evidence of short-term impact on young women involved in The Key has been demonstrated, if the medium and longer-term impacts could be captured it would provide even stronger evidence for the efficacy of the project. Unfortunately it would be extremely challenging to capture such data, given the nature of the project and young women's disengagement after they are ready to 'move on'.
- The sustainability of projects and the importance of continued delivery needs attention given the short-term nature of current funding cycles. The Key was able to work with a large number of young women over a short period of time in a way that many other services are not able to, and it was uniquely able to meet the complex needs of the young women involved.
- Given the age-range of girls and young women involved in The Key, a case can be made for the wider delivery of similar projects. Young women might be able to avoid abusive relationships if they had access to projects where they developed resilience and self-esteem. This work is also relevant in terms of child protection proceedings and local authority care; with apparent benefits of supporting young mothers around their own issues, and not just in relation to their parenting. The case for short-term early intervention within a school setting is also worth considering, as a mechanism to identify those in need of intensive support earlier than current delivery models allow. School-based intervention would create opportunities for confidence and resilience work at an earlier stage in young women's lives.
- Future research should consider the economic and social impact of projects such as The Key to inform a more robust and detailed analysis of outcomes; specifying how, for example, statutory social care is supported by projects like The Key and the wider impact projects have.

- Despite successful recruitment in terms of numbers, analysis of the project monitoring data shows that the majority of young women working with The Key were white, and heterosexual. Future delivery needs to consider alternative recruitment mechanisms to ensure greater reach to vulnerable young women from BME communities, as well as lesbian and bisexual women.
- Future delivery should also consider developing exit planning further; providing more of a stepped process for those young women leaving a project so that they are enabled to move from intensive one-to-one support successfully.

1. Introduction

Womens Health Matters is a Leeds-based charity that has been working with women since 1988. The organisation supports a range of projects using community development approaches to build skills and confidence and increase women's knowledge and awareness about health. The organisation recognises that women often experience barriers when they try to access services, thus it provides services run by women for women, arguing that this is the most effective way of supporting women and addressing inequalities. Womens Health Matters aims to reach women in the most disadvantaged communities, those who may experience additional disadvantage including age, class, or disability discrimination, racism or homophobia and those that do not use conventional health services. Indeed, Womens Health Matters is now an established route for many marginalised women to access these health services.

It is within this context that The Key project was established in 2013. The project was funded by Big Lottery to engage with young women aged between 13 and 25 with unmet needs and to support them through the creation of specific and dedicated young women's groups, run weekly in term-time initially over a 10-12 week period. The basis of the project is described as follows:

"The Key predominantly is about group work. And the reason for that I think mainly is because the peer support and hearing other young women and girls' experiences helps them then recognise that there's not that blame culture there. So it's not their fault. And you know, 'this happens to lots of people and these are the reasons.' So sharing experiences is really is what The Key is about." Project Worker 2

The aim of the project was to provide a gender-specific service, to both enable and facilitate young women to experience positive change in a range of areas including recognising abuse and increasing safety, control and confidence. The group sessions can be accompanied by the delivery of one-to-one support where young women request it, thus individual support is led by the young women. Young women may have varying issues and levels of need and the workers focus on how the nature of the young women's individual situations may put them at risk. One of the project workers described the requirements for involvement:

"[To be involved in The Key] they have to be potentially vulnerable to the ill effects of domestic abuse. This may be because they have witnessed or experienced abusive relationships or they have other life experiences that mean they are more vulnerable to domestic abuse, like: bereavement, sexual abuse, inconsistent parenting, low self-esteem, being looked after, early introduction to drug and alcohol misuse, bullying, mental health problems." Project Worker 1

The Key is embedded within a multi-team service area of Womens Health Matters in Leeds. There are a range of other projects taking place within the organisation including:

- BME Women's Groups
- SHINe (sexual health information network)
- SEEN (Seen, Enabled, Empowered and Noticed) supporting disabled women

- Include – advice and support for young women who are pregnant, or think they may be pregnant
- YUMs – young mums group
- Rainbow Hearts – an asylum seekers and refugees project
- Domestic Violence Work– education and support groups

Womens Health Matters also provides training and information via their advice line, information events, specific training sessions and outreach work around issues such as cancer screening awareness. They also organise an Annual General Meeting which brings together the women and girls they work with, to involve them in the charity and to celebrate the projects. All of the provision is run by women, for women, with the remit of reducing health inequalities; offering a service that maintains a women-centred focus throughout. It is in this framework that Womens Health Matters works alongside women and girls to reduce risk, improve safety and encourage positive choices. The organisation provides the ethos that underpins The Key.

The location of The Key within Womens Health Matters was important in ensuring the success of the project. The charity has good networks across Leeds and was able to utilise these to send out publicity for the project to 180 agencies including schools, social care and other voluntary sector organisations in order to proactively seek referrals. Existing service users' networks were also used to raise awareness of the project, which resulted in referrals of daughters and nieces from women already accessing service provision. The Key therefore benefitted from being located within existing provision that had established networks, a trusted reputation and a legacy of gender-specific services. Furthermore, the strategic position of Womens Health Matters has enabled staff to raise awareness of the needs of disadvantaged and vulnerable young women in a variety of arenas such as domestic violence forums and local strategy meetings.

The project is overseen by a Steering Group consisting of current group members, established at the outset, which met four times during the lifetime of the project. The Steering Group reviewed progress and delivery, and monitored the project outcomes, the content of the group sessions, any issues that arose, and the focus on the future support required by young women. There are two workers who deliver the project, the groups and the one-to-one support. Both attend the steering group, providing regular updates and discussing individual needs where necessary.

The group sessions cover a range of topics, including:

- Domestic violence
- Sexual abuse
- Impact of domestic violence on children
- Support networks
- Child sexual exploitation
- Abusive relationships

One of the project workers described the range of group provision as follows:

“We have different sessions each week. We’ve had substance and alcohol use. We’ve had anger and assertiveness. We’ve had a couple of self-esteem sessions. We’re having sessions around

healthy friendships and family relationships, and then we'll go on to healthy relationships, gender stereotypes and sexuality, and the impact of abuse on children; what abuse is." Project Worker 1

These sessions are delivered in an interactive format, with young women asked to participate in discussing their experiences, offering advice to others about how to manage their issues and completing activities aimed at increasing their confidence. The project workers also responded to requests for topics that young women wished to discuss, such as mental health, self-harm and trauma. The groups were organised into age categories with specific provision for 13 to 16 year olds delivered in evenings outside of school time, and separate provision for 16 to 25 year olds delivered when crèche facilities were available to support attendance for young women with children. After the initial implementation of these age groups, workers realised that the categories ought to be more flexible to better suit individual needs and with more consideration of group dynamics. The young women could then attend the group which better suited their lifestyle, their levels of understanding and which they felt the most comfortable with. Groups were delivered in a variety of locations in venues that were both accessible and neutral. The groups also operate with a group agreement reinforced by workers in order to ensure that they maintain a safe and supportive environment.

"We always have a group agreement. If anybody new joins us, we always make sure that we go through the group agreement." Project Worker 2

The project workers outlined the importance of working with the young women in a positive, non-judgemental way; non-stigmatising and being supportive;

"We want them to feel able to come without being labelled." Project Worker 1

"We always say: 'It's voluntary, and you don't have to be here if you don't want to be, but give it a try, and if it's not for you then that's fine. We can signpost you somewhere else.'" Project Worker 2

At the time of the evaluation, the workers had supported 77 girls and young women until the end of September 2015. 63% received one-to-one support in addition to the group provision. One-to-one support includes advocacy within child protection meetings, support at solicitor meetings, support with housing and benefits, supporting access to other services and pregnancy testing. Furthermore, one-to-one work enables the workers to focus on individual young women's wellbeing and providing emotional support. One of the project workers explained the different delivery models as follows:

"We recognise that some young women get a lot out of the sessions, but can't actually share their personal experiences, [that's] where the one-to-one comes in. If somebody joined the group now, we wouldn't necessarily be working with them in six months' time - it tends to be a shorter thing, the one-to-one. And then signpost; so if a young woman shares with us that she's self-harming, we would work one-to-one with her, but then signpost her to a more appropriate organisation around mental health support. So the group work's ongoing long-term support; the one-to-one is shorter." Project Worker 2

The criteria for accessing The Key was based upon age, gender and vulnerability to domestic abuse which meant that young women presented with a wide range of issues and needs. Consequently the project workers supported young women who disclosed experiences around:

- Domestic violence
- Bereavement
- Child sexual exploitation
- Rape
- Trafficking
- Childhood sexual abuse
- Drug/ alcohol misuse

When asked about the range of needs within the groups, one of the project workers explained that whilst the groups were organised at different times of day, and with different age groups of young women for practical purposes such as childcare provision and school attendance, the needs across the groups were at the same level:

“The younger ones in the evening may have had social care involvement for different reasons. So some of them have had social care involvement around their own child, but the majority of them are younger and they may have had some kind of social care involvement because there’s been domestic violence in their family. They might not have been a victim of domestic violence, but it might be that their parent was, or a sibling was the perpetrator, or there’d been a risk of sexual exploitation, or things like that. The need level [between the two groups] is pretty much the same, but it’s slightly different issues with some of them, I would say.”
Project Worker 2

The project workers also explained the importance of being able to remain flexible with their approach to working with young women, because other services were not able to operate in that way, these services would not be able to continue working with young women who missed appointments or did not engage in the expected ways:

“The way that other services work, it’s quite a rigid set time and weekly appointment. The Key is very flexible, so whilst we say it is a group and we would like you to attend, there’s not that pressure. And we’re very aware that young women and girls have got lots and lots of things going on for them. So I think the benefits of The Key, is actually you can access us when and if you want to. So it’s consistency but in a really flexible way.” Project Worker 2

The Key works with young women to support them to a point at which they feel able to access other services that work in a less flexible manner, such as mental health services. Both of the project workers also highlighted one of the strengths of The Key as being able to provide the holistic emotional and practical support that girls and young women required rather than focussing, like many other services, on a specific issue or aspect of service delivery.

Finally, the workers mentioned the importance of being able to support the girls and young women with travel costs for group attendance, as all of the young women are on nil or low income, so would otherwise struggle to prioritise the travel costs for attending group sessions.

1.1 Principles of The Key

The Key's core principles in working with young women are:

- A gender-specific ethos– the unique value of gendered approaches for girls and young women with vulnerabilities is the basis for the project.
- Providing women-led group and individual support – the project is flexible in working with a range of young women with various needs, with the overall focus being the reduction of risks associated with abusive relationships.
- Flexibility of referral criteria and recognition of hidden need – the project invites referrals with varying levels of need, and because of the reputation of Womens Health Matters, referrers recognise the project as somewhere that high needs can and will be supported. Little background information is required: a different approach to other local agencies, such as statutory provision – emphasising the woman-led approach to ensure that dignity is maintained and to encourage self-definition,
- Empowerment approach – the project works to empower young women and develop self-determination and confidence.

1.2 Project Journey

1.2.1 Changes in the project approach

In securing funding for The Key, it was envisaged that young women would be offered support for 10 to 12 weeks of group sessions with a small amount of individual support offered. Thus, the project was set up to work with numerous cohorts of young women over shorter periods of time. In practice, the workers found that a longer period of time was required in order to respond effectively to the needs of the young women involved with the project. 10 to 12 weeks was insufficient for some disclosures to be both voiced and the issues that arose to be explored. The groups were set up as a safe place for girls and young women experiencing a range of issues, so the model of delivery was amended, with funder support, to allow young women to work with The Key for longer periods of time where necessary. Indeed, some young women returned to the project after time spent away, demonstrating that having flexibility was important in supporting young women.

One of the project workers explained:

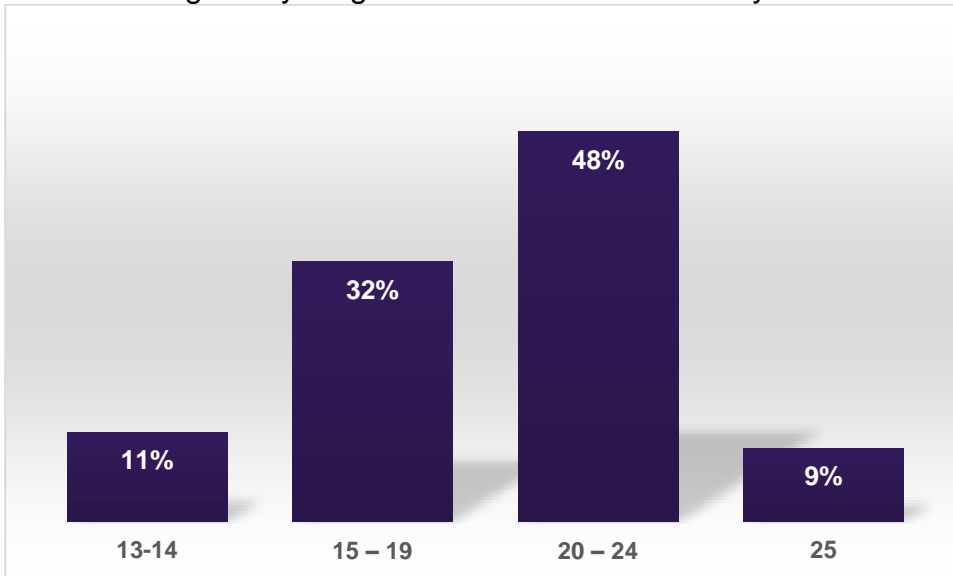
“It was seen really quickly that actually 12 weeks is just scratching the surface of what’s going on. And so some women now have actually been with us since the start. So, a couple of years. Because one issue might be resolved, and then there’s other things that are coming up. Especially if they’re living in a difficult family or difficult relationship, those things don’t go away overnight.” Project Worker

Furthermore, whilst the group support was identified as positive by the young women, workers also recognised that the initial minimal amount of one-to-one support offered alongside the groups needed to be increased and, with agreement from funders, went on to deliver this additional support to more than half of the young women who attended The Key. These changes had an impact on the numbers of young women who were supported by The Key, with the project staff revising the target numbers in the first few months of delivery, based on the type of support required.

2. The Key – Project Overview

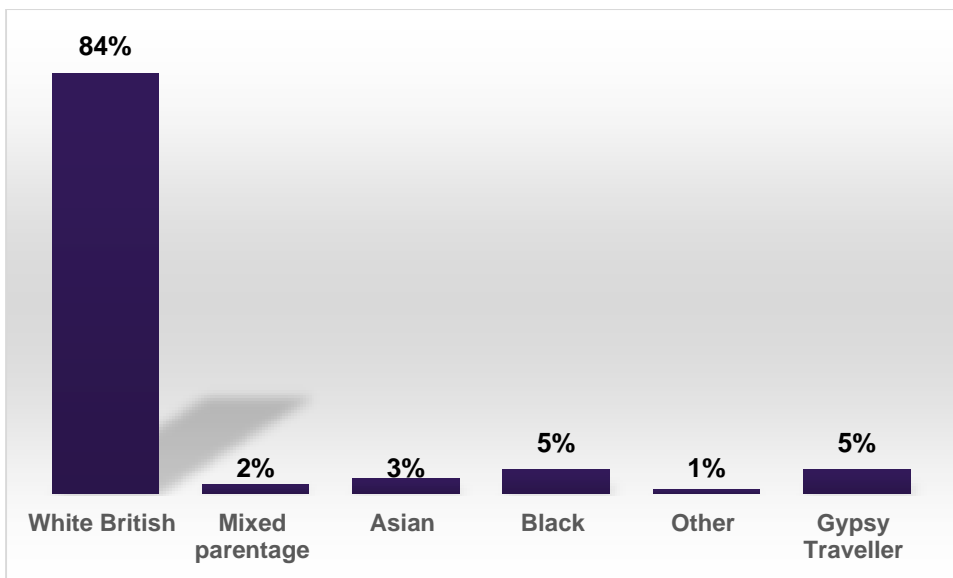
By 1st October 2015, the project had worked with 77 young women in total. An analysis of the project monitoring data showed that the majority of young women who worked with The Key were aged between 20 and 24, with the next largest group being those aged between 15 and 19.

Table 2.1 - Ages of young women involved in The Key



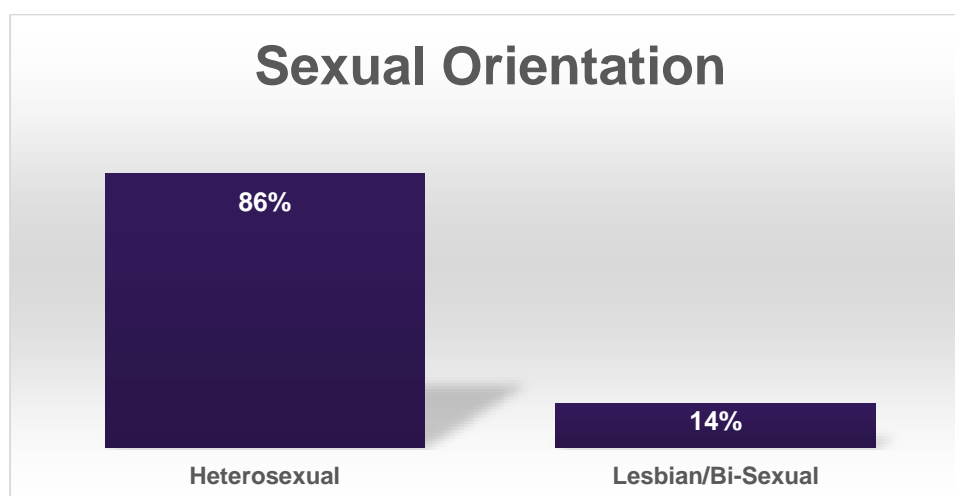
Analysis of other demographic data held showed that 84% of young women involved in the project were White British.

Table 2.2 - Ethnicity of young women within The Key



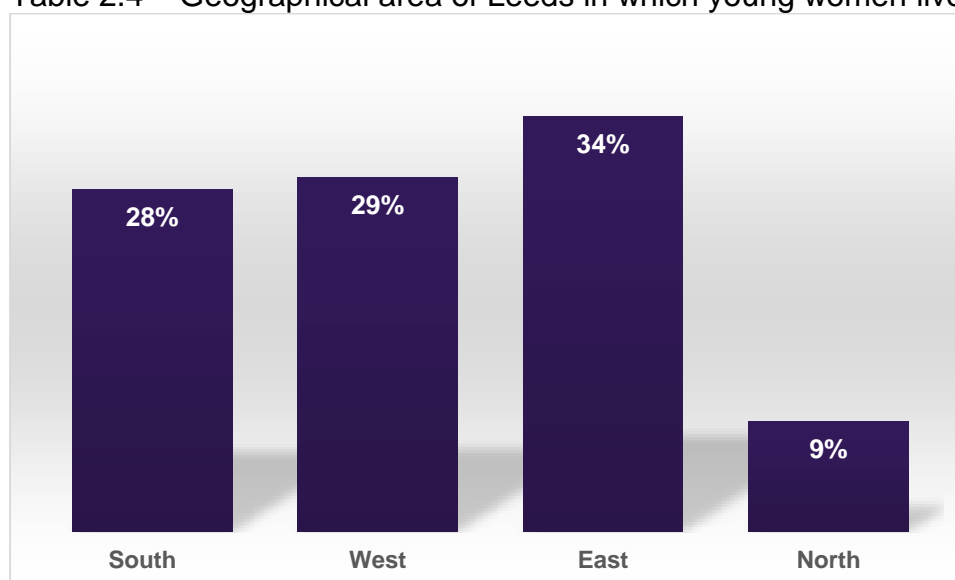
In terms of sexual orientation, 86% of the young women self-identified as heterosexual.

Table 2.3 - Sexual orientation of young women within The Key



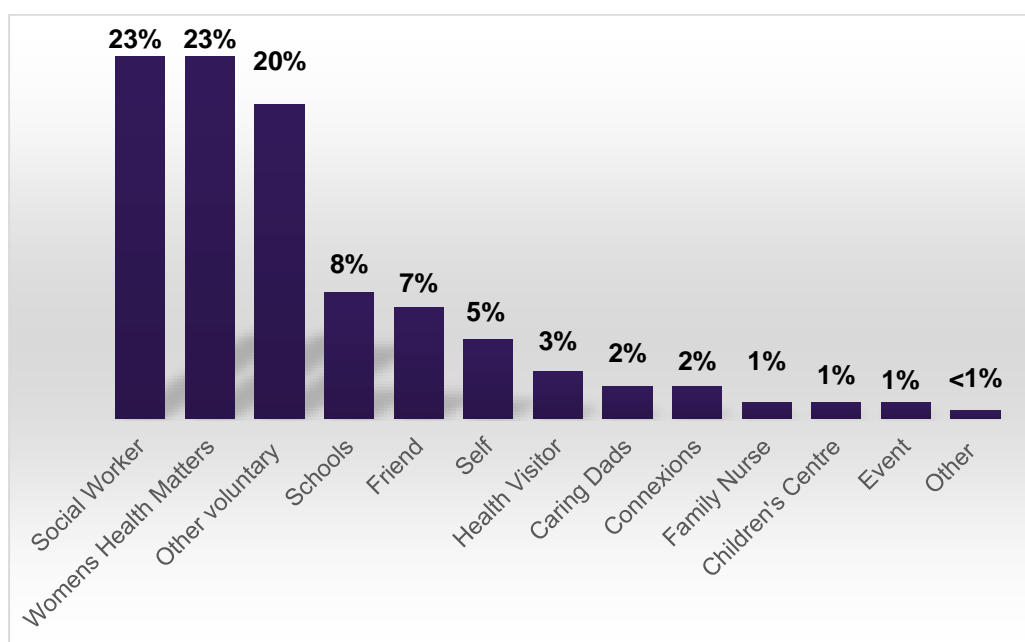
The project monitoring data also showed the areas where young women lived – a relatively even spread of young women across Leeds, with the exception of North Leeds. It is not possible to clearly evidence the reasons for the lack of referrals from North Leeds, however it seems likely that there is a link between referrals for services and levels of affluence; North Leeds is more affluent than South, East, and West Leeds.

Table 2.4 – Geographical area of Leeds in which young women lived



The project delivery has been largely undertaken by two workers who take referrals, make assessments, and who have provided support and links with other agencies for signposting and referral. Table 2.5 shows the referral numbers and patterns from agencies across Leeds, until the end of September 2015.

Table 2.5 - Partners involved in the referral of young women to The Key



These referrals were proactively sought upon establishment of the project, using existing connections and networks from previous Womens Health Matters projects. When reflecting on referral patterns, one of the project workers noted some changes as The Key became more established:

“[The initial referrals] started off quite low needs. So there wasn’t social services involvement initially for a lot of them. A lot of the referrals were workers who just felt that the women just needed that extra support around confidence and self-esteem. And then I think as the project grew, the referrals started coming from social services, and children’s social work services; involved in high level child protection, pre-birth assessment, [and] high-level violence within the relationships.” Project Worker 2

As the project developed, the workers were increasingly being asked to work with more complex cases. This had implications for the way in which the project was delivered and the capacity of the project to support large numbers of young women. One of the project workers explained that by six months into the project, there was a recognition that women with more complex needs were being referred in. Young women would need more support than the planned 12 week programme, but this would limit staff capacity and reduce the number of women they were able to work with. The team therefore discussed these changes with the funders and were given permission to work with fewer women, more intensively, over a longer period of time.

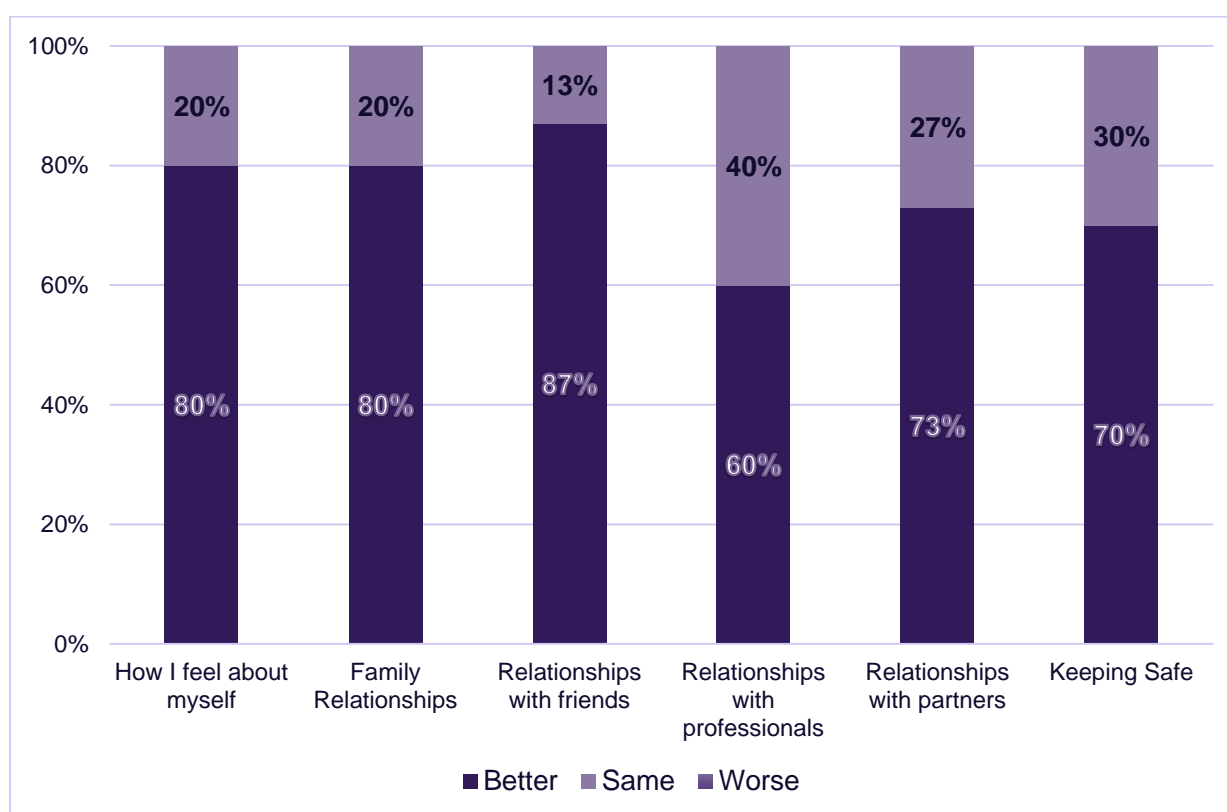
Main findings – the overall project

- The Key operates within core principles. Firstly, a gender-specific ethos underpins the approach. Secondly, the project offers client-led group and individualised support. Thirdly, the project works with young women who are vulnerable to abuse, regardless of whether abuse has been disclosed. Finally, the project works to empower young women and develop self-determination and confidence.
- The original project design has changed during the delivery period in a number of ways:
 1. Workers found that the initial proposal of working with girls and young women for 10 to 12 weeks was too short a period for some disclosures to be both voiced and managed. Thus, the model of delivery was amended (with funder support) to enable young women to work with The Key for longer periods of time where necessary.
 2. One-to-one support was also provided for more than half of the young women, alongside the group work sessions, in order to provide the level of intensive intervention required to ensure successful outcomes for disadvantaged and vulnerable young women with complex needs.
- The young women involved in The Key presented with a range of complex needs that required more support than was initially anticipated. The issues that arose in the project were varied in subject and gravity.

3. Findings

The data collected from the young women showed positive outcomes and improvements in a range of areas in relation to all of the project outcomes. Table 3.1 demonstrates this. When young women were asked to rate how the group had made a difference to their lives, the majority reported that the group had enabled them to feel better in a number of areas such as within family relationships, and in keeping safe. Whilst a small number of young women said that they had felt no particular improvements in certain areas, it is notable that none of the young women reported that the group had made them feel worse in any area.

Table 3.1 – How did being part of the group make a difference to young women’s lives?



Young women were also able to qualitatively describe the ways being involved in the group had made a difference to their lives, citing the importance of peer support, shared learning and a range of benefits that accompany participation:

“I’ve always had one-to-one but in a group you can see others go through the same stuff and you can come through it.” Young woman

“I couldn’t say anything about self-harm to my mentor but I can in a group.” Young woman

“Nobody’s shocked or judging like at school.” Young woman

“You can try other people’s coping mechanisms.” Young woman

“Love it, the group saved me.” Young woman

“I learned you can get power back in different ways.” Young woman

When interviewed, one young woman explained that she enjoyed the group, and also found it helpful in relation to her problems, citing it as a location where she could discuss her feelings:

“I was just coming for support really. Then I realised it was doing me good. It was fun... I knew that, like, it helped with problems, like personal problems and health. Like helping you with your mental health and stuff, like how you feel.” Young woman

She noted the importance of being able to share her experiences within the group work context. Another young woman said:

“It saved my life.” Young woman

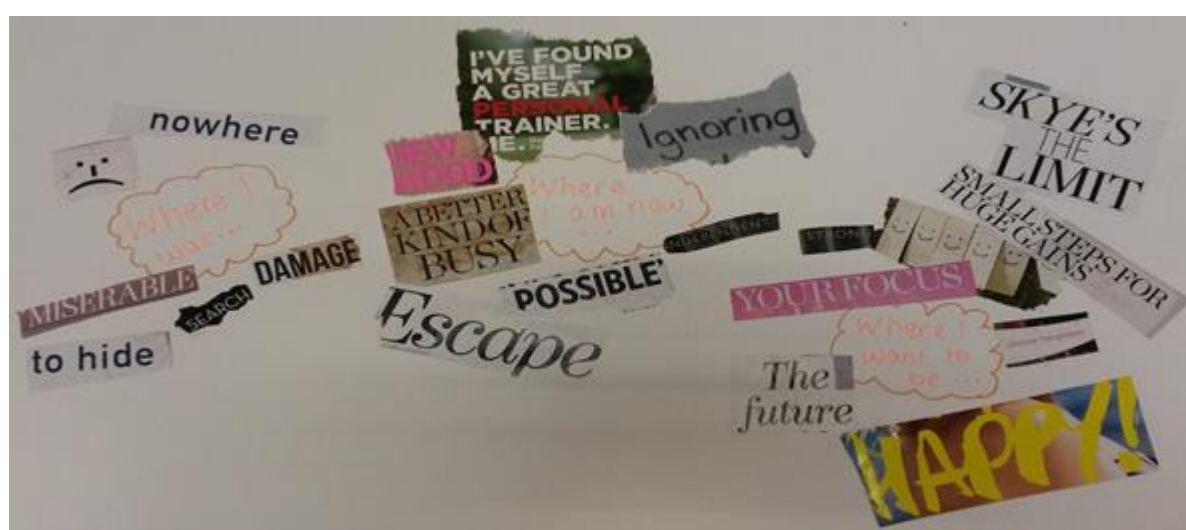
During the evaluation, some further qualitative data collection was conducted with the young women. During a group session, the young women were invited to produce a story board to record their journey through the project, drawing on qualitative, feminist participatory methods of data collection (Cross and Warwick-Booth, 2015). Five young women were interviewed separately and asked to talk about the impact that the project had on them. The story boards reflected many positive journeys through The Key, illustrating how the project had helped young women to be able to identify and start to address or cope with their problems. Figure 1 illustrates how a young woman was supported to develop her personal relationships and felt less alone as a result of being involved with The Key.

Figure 1 – One young woman's journey through The Key



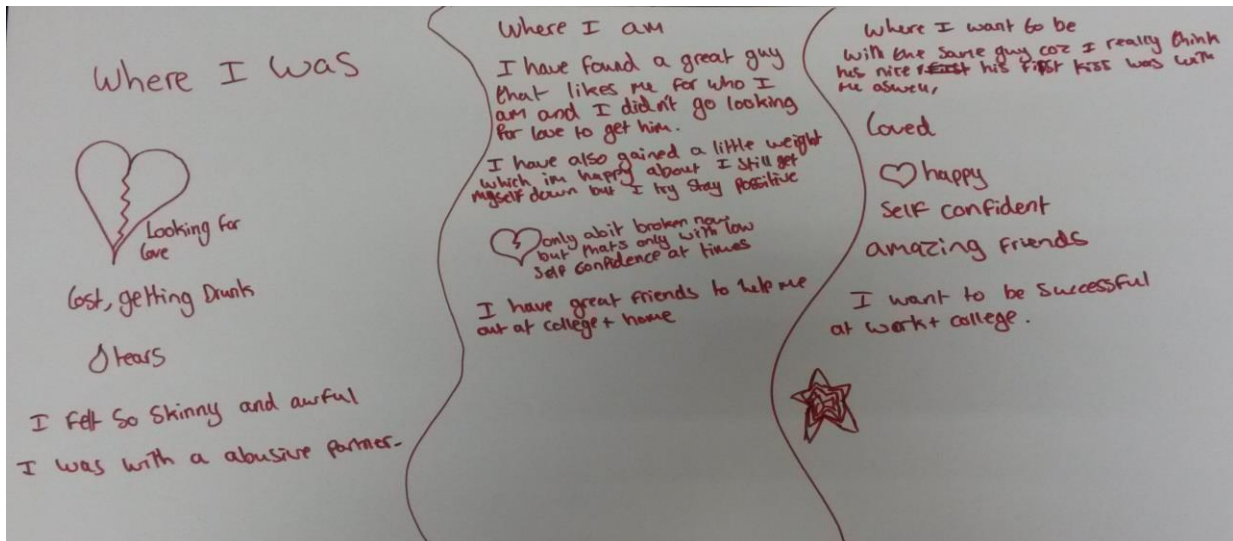
Another young woman was able to report the improvements that she had experienced in her emotional state as a result of being involved with The Key. Her storyboard also illustrates positive hopes for the future; the project had an impact on longer-term vision for some of the young women. The project helped to cultivate the aspirations of the young women; after being involved, many young women had developed a focus for the future, and goals they hoped to achieve, despite their complex needs upon first involvement (see Figure 2).

Figure 2 – Improved emotions and aspirations from involvement with The Key



Another young woman used her own words in her illustration of her journey, showing that she had been able to leave an abusive relationship, she has more self-confidence, more support from peers, as well as goals for her education and emotional wellbeing (see Figure 3).

Figure 3 – Improved life chances for one young woman



Finally, it is worth noting that the workers in this project were aware that the pace of change for young women and the speed at which they met outcomes had to be realistic, given the level of complex need represented. Thus, the documentation of the young women's journeys through the storyboards was reflective of distance travelled which is important for the young women. Comparatively, one of the workers expressed concerns with the expectations held by others:

"What I've also found is that a lot of girls and young women when they've got issues going on in their lives – teachers, for example, are expecting massive changes in such a short amount of time, so they've been asked to do things or change things about themselves and are quite often been told things like, 'You're not doing things quick enough'. I think it's just about recognising that you need to be at the woman's pace." Project Worker 2

Further storyboards are included in Appendix 1 and illustrate a range of positive outcomes associated with young women being involved in the group.

3.1 Outcome 1 – Increased ability to identify abusive behaviours and respond appropriately

On-going monitoring of the progress made by young women who were working with The Key also took place every 12 weeks. One young woman said she had changed her relationship with her father as a result of attending the group. Attendance and participation within the group had helped her to recognise that her father was abusive and “not very nice”, consequently she had cut off contact with him. Attending the group had given her the ability to recognise the situation and the confidence to respond and make positive changes. She said:

“I never knew my dad but I found him. He had no respect for me and the way he spoke to me, it didn’t take long to recognise. The group gave me confidence; you’ve got to respect yourself. If I’d met him two years ago I’d have stayed in contact with him. I’ve got loads of confidence now through the extra support.” Young woman

Similarly, other young women reported how the learning from the group had enabled them to better understand their relationships and make changes, where necessary:

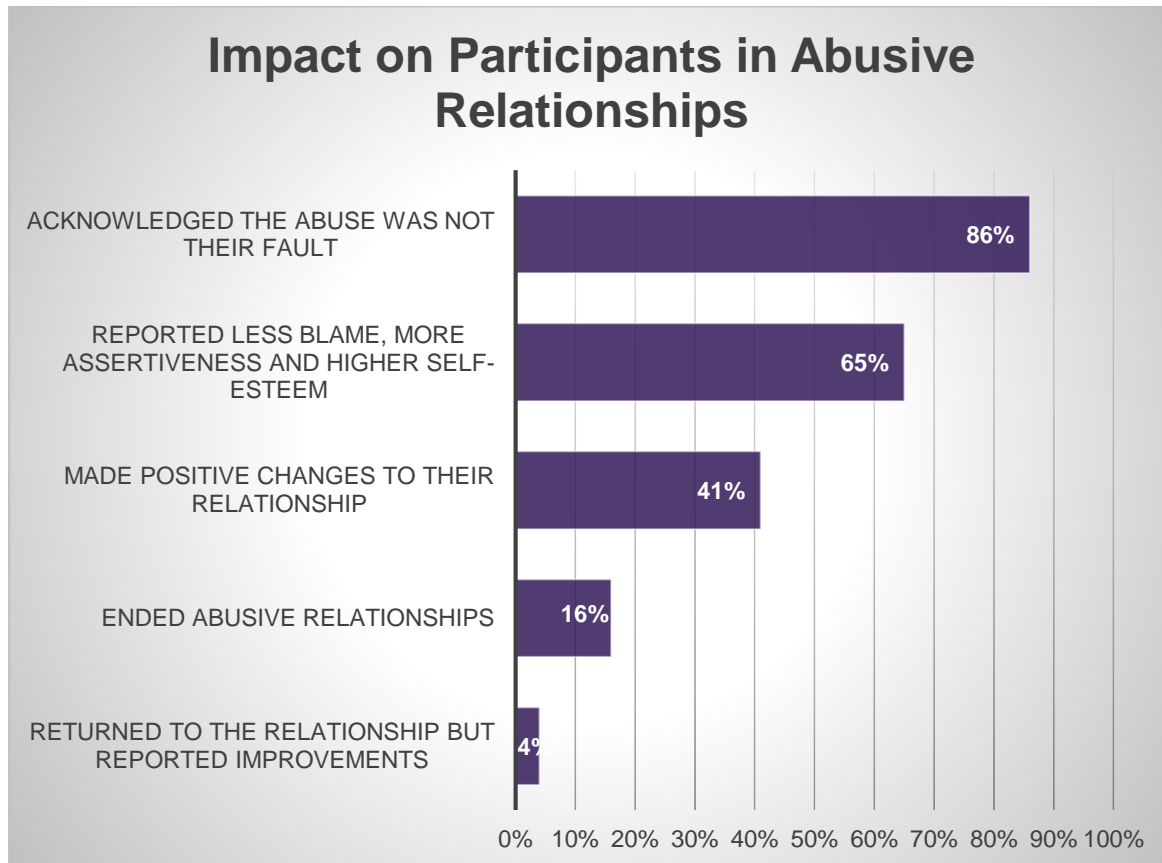
“I ended a relationship because of domestic violence, he tried to strangle me.”
Young woman

“I have changed in general – I’ve got all the negative people out of my life.” Young woman

“I’ve got rid of all the mean people, but I do have people I can talk to.” Young woman

Table 3.1.1 further illustrates the ways in which the group enabled young women to understand abuse differently, as well as the instances in which they were able to change their behaviour, including through leaving an abusive relationship.

Table 3.1.1 - Impact on Participants in Abusive Relationships



The project workers also collected evaluation data by asking young women to mark on a scale how they felt at the start of the group and then how they felt after 12 weeks. The scale was numbered 1 (really bad) to 10 (really good). The project workers then tracked the self-reported progress made by the young women along this scale, so for example, if a young woman had increased her rating from 2 at the start to 8 following completion of 12 weeks of sessions, she would be recorded as having a 60% increase in this area. This monitoring showed significant improvement in relation to how young women were able to respond to abuse.

When young women in the groups were asked, 'How helpful has the group been in giving you the ability to identify abusive behaviours and respond appropriately?'

- 100% reported finding it more than 80% helpful
- 71% reported finding it 100% helpful

When young women in the groups were asked, 'How has the above had an impact on your life?' (0% no change at all – 100% my life has completely changed)

- 100% reported a positive impact
- 57% reported more than a 80% impact on their lives
- 86% reported more than a 50% impact on their lives

When young women in the groups were asked, 'How helpful has peer support within the group been in helping you increase your safety from abuse?'

- 100% reported finding peer support more than 50% helpful
- 86% reported finding peer support more than 80% helpful
- 14% reported finding peer support 100% helpful

Finally, the project workers noted that 100% of group participants attended sessions designed to identify support networks, shared details of helpful organisations and coping strategies. Young women from the Traveller Community were able to share their own experiences with other young women from the same community, acknowledging shared issues.

3.2 Outcome 2 – Young women involved in the project increase their safety from abuse through peer support

Drawing upon the monitoring records of the young women, there were many verbal reports to demonstrate that participants within the group felt that they had increased their safety. A young woman said she recognised that although her father had never been violent towards her he was verbally abusive. She had thought this was normal but now knew it was not. She had been to see her father and taken a friend with her, the person she spoke to the most, to keep herself safe.

The support within the group meetings, from other group members, was valued by all the young women and all agreed that they felt stronger and more confident – as reflected in the following quotations:

"In a group you know you're not alone." Young woman

"You realise others go through it too, you don't feel different." Young woman

"Bounce ideas off each other in the group." Young woman

"It's like an extra family, when you haven't got one." Young woman

"It feels safe, nobody judged you, there's no gossiping." Young woman

"He used to send his family round all the time, I feel safer after the group. I've moved three times in three years. I feel safe in this area."

Young woman

The peer support element of the group work was intended to reduce social isolation, and given the positive reports of the young women reflected in the quotes above, it is clear that the project did achieve this; young women felt less alone and part of a supported network.

3.3 Outcome 3 – Young women in the project increase their capacity to control and change their lives

Analysing the routine monitoring data collected during the lifetime of the project, many young women reported that their involvement in the project had enabled them to increase the level of control that they felt they had and to change their lives. One young woman said she had never spoken to anyone about her experiences before because she was both scared and worried that people would not help or be supportive. In the group she felt safe and trusted people and had begun, for the first time, to share things about herself and disclose her experiences. The following quotations are illustrative:

“I’ve got more control, I can do stuff now. I can go to college or groups and I don’t have to tell anyone.” Young woman

“I made a big complaint to the police, they kept locking him up and letting him out again and not telling me what was happening. That got changed eventually and I trust them more now. I had to fight for that.” Young woman

“I made a Social Care complaint. I didn’t get invited to important meetings about my son. My mum tracked me down and told me about them. I’m getting judged for not being there and I wasn’t even asked. I’m waiting for the results of the complaint. I’m more mature now and more confident to do this stuff.” Young woman

A young woman discussed her relationship with her partner and how this had changed as she now recognised the signs of abuse. Group attendance had enabled her to recognise his controlling behaviours. She felt able to decide that she would no longer accept that behaviour, and felt confident enough to end the relationship.

When young women were asked, ‘How helpful has the group been to help you control and change your life?’

- 100% reported finding it more than 70% helpful
- 86% reported finding it more than 80% helpful
- 43% reported finding it 100% helpful

When young women were asked, ‘How has the above had an impact on your life?’ (0% no change at all – 100% my life has completely changed)

- 100% reported a positive impact
- 43% of reported more than a 80% impact on their lives
- 100% of reported more than a 50% impact on their lives

Furthermore, 100% of group participants were able to identify a need for additional sessions within the rolling programme, enabling them to implement further positive and informed decisions within their lives.

3.4 Outcome 4 – Young women involved in the project will have increased their self-confidence and sense of control

Young women who were involved in The Key were also able to articulate how their confidence had improved as a result of being involved in the project. One young woman said that following a session at the group about the impact of abusive relationships on children, she had realised the effect that her relationship was having on her own child. She was consequently able to arrange to be rehoused after moving away from her partner, who did not know her new location. She had been able to secure her child a place at nursery and was receiving good reports about her child's progress. Her group participation had been able to provide her with reassurance, support and had enabled her to develop her confidence. Similarly, other young women reported the following improvements in relation to self-confidence:

"I'm able to socialise now, I wasn't confident enough to talk before." Young woman

"Two years ago I wouldn't have sat in a room with people I didn't know." Young woman

"I volunteer for a sexual health project and at a day centre for mental health." Young woman

"I'm training to be a peer mentor in schools." Young woman

The project workers also noted how some of the group sessions were directly designed to boost self-esteem and increase confidence:

"We did a session the other week on one self-esteem, and in the last activity we had loads of positive words laid out on the table. They had an envelope with their names, and we put some in. But they went and did that for each other, and took them away. And that was amazing. Some of their faces – because firstly, some of them struggle with giving compliments. Some struggle with taking compliments. Some never get compliments. They're not in healthy places, in healthy homes or relationships, or anything like that. And to hear that other people think you're friendly, or you're positive, or you bring something, or you're clever, or you're amazing, or any of those things..." Project Worker 1

Following on from her participation within the self-esteem session one of the young women sent the project worker a text message to explain the impact that the session had on her:

"It put the biggest smile on my face. I'm really happy, and I'm really glad that I come to the session." Young woman

In some cases young women were able to participate in both designing and delivering session content. As demonstrated in the above quotes, one young woman started working as a volunteer within a mental health day centre, and another felt confident enough to start training to be a peer mentor within her school setting; reflecting increased self-confidence and sense of control.

Evaluation data also reflected positive outcomes from the perspective of the young women. When young women were asked, 'How helpful has the group been in helping you increase your self-esteem/confidence and self-worth?'

- 100% reported finding it more than 70% helpful
- 57% reported finding it more than 80% helpful
- 14% reported finding it 100% helpful

Main findings – project outcomes

- The young women report a variety of different outcomes as a result of their journey through the project, including the four specified project outcomes.
- The project is developing young women's knowledge and capabilities in the key areas encompassed under the project aims by providing peer support and additional one-to-one intensive support.
- The project is able to identify, work with, and successfully support disadvantaged and vulnerable young women with a range of complex needs.

4. Discussion – results synthesis

It is clear that The Key operates with a specific approach and is guided by a specific set of principles; gender-specific, peer-supportive intervention. These principles work for the young women who have been involved in The Key, from their own point of view, and in terms of supporting them to achieve positive outcomes in the four main areas detailed in the project plan. The philosophy of gender-specific working and holistic service provision as a mechanism to support for women and girls is recognised within the broader literature (Carroll and Grant, 2014). The principles of The Key ensured meaningful participation of young women in the service, and that the project workers were meeting the young women on their terms. The project reduced pressure on young women to behave in certain ways or meet specific criteria, whilst supporting their needs. What mattered to the young women was being listened to, being able to talk to and trust others (their peers and project workers from The Key) and being supported and knowing that someone was there for them. At the core of the work is a relationship of trust between the project workers and the young women. Prior research and evaluations have also suggested the importance of 'wrap-around' or holistic services for vulnerable women (Rice et al., 2011). Evidence also indicates that services which are tailored to individuals' needs rather than 'pigeonholing' women into specific services (i.e. mental health services, drug and alcohol services) are beneficial (Radcliffe et al., 2013). The Key was able to work holistically with young women compared to other local service provision, which was regarded by respondents as being advantageous and effective. This has also been reiterated in a recent review of effective interventions which argued that effective interventions with young women need to be cross-cutting and holistic, and reflect the whole reality of women's lives (McNeish and Scott, 2014).

The workers are at the core of the project in offering the holistic support discussed above, providing support, emotional labour and building trust. The young women are able to build resilience through their supportive interactions with both the workers and their peers. Emotional comfort and support following the establishment of trust act as a mechanism for building short-term recovery strategies, allowing young women respite from upset in order to resume 'normal' activities (see Shepherd et al 2010). The importance of young women receiving caring messages has been discussed within broader literature, particularly in relation to 'orientations to self and the future' (Sanders and Munford, 2008). Other research also shows the importance of workers who are able to listen to young people and make them feel safe both physically and emotionally (Gilligan, 2015).

The Key is delivered by skilled workers, supported by an existing service location, embedded within a range of local partnerships. Collaborative partnership-working has been shown to be important in the provision of multi-dimensional, gender, age and culturally responsive service provision (Bloom et al., 2003). The Key was able to secure significant numbers of referrals through non-traditional routes, such as relatives who attend existing Womens Health Matters services.

The Key is also able to provide flexible and holistic support for vulnerable and disadvantaged young women in need. Broader research evidence demonstrates that young people are unlikely to engage positively with services unless they feel that they will be listened to, particularly in cases where there is risk of or experience of child sexual exploitation (Gilligan, 2015).

The positioning of The Key within an existing offer of service provision was also important in relation to successful delivery. It has been recognised that non-statutory services are ideally placed to provide holistic support for women with complex needs (Radcliffe et al 2013). The importance of providing a non-judgemental and non-stigmatising service was also important for the success of The Key. A recent report suggests that interventions with young women must work in different ways to statutory bodies; as young women often have a deep-seated mistrust of helping professionals who have failed them in the past (McNeish and Scott, 2014). Young women see specialist workers within women-centred organisations such as Womens Health Matters as helpful (Gilligan, 2015).

Finally, The Key differed from other intensive intervention projects with young women because of the use of peer support. Peer education has been highlighted as an effective tool for promoting healthy behaviours amongst adolescents (Abdi and Simbar, 2013); the peer support provided within The Key acted as a valuable mechanism to increase awareness of health-related issues and promote associated behaviour-change. Research has also demonstrated that peer-directed protective behavioural strategies can be effective in reducing 'risky activities' such as drinking alcohol (see Armstrong et al., 2014). Reducing risk-taking behaviour was not expressed in the outcomes or measured as part of the evaluation of The Key, yet it is clear that peer support was crucial in boosting young women's confidence and increasing their sense of control, which in the longer-term may result in less risk-taking.

6. Learning from The Key

- Learning from the project shows the importance of the flexibility adopted in relation to the project development and delivery mechanisms. This level of flexibility and adaptability enabled the project to respond to young women's individual needs and experiences. The funders of this project were also important in enabling this approach. The Key has established that working with vulnerable young women with complex issues and needs requires longer than a 12 week fixed time-slot.
- Young women require support when leaving The Key. Given that many young women reported that participating in the group sessions enabled them to stay safe, it is unsurprising that they may feel reluctant to move on. Thus, workers learnt that facilitating moving on, and managing any potential emotional distress associated with leaving can involve developing structured exit plans, sign-posting, links or referrals to other provision and celebration of achievements.
- The Key has been delivered by experienced workers who were able to develop trusting relationships with vulnerable and disadvantaged young women. Academic literature outlines the importance of the qualities of workers in relation to the successful delivery of projects such as The Key (see Jones, 2014).
- The location of The Key within an existing organisation was important for recruitment and referrals into the project, enabling a good level of referrals through existing networks. The position of Womens Health Matters, as a trusted organisation which is independent to statutory services, also helped to engage young women in the project.

7. Conclusion

This is the final evaluation report which seeks to evaluate the process and impact of delivering The Key, with a specific focus on how the project has met its four outcomes. This report demonstrates that The Key has been successful in supporting young women. Following young women's participation in The Key, improvement was demonstrated in the four key areas, firstly in relation to abuse, secondly in relation to safety, thirdly in relation to their capacity to control and change their lives and finally in terms of their levels of self-confidence. The project experienced a journey from inception to present day, showing an evolution of service delivery due to the early recognition of the need for longer-term support and additional one-to-one work.

Issues for consideration

Whilst The Key has successfully established an effective approach to engaging young women with a range of complex needs, working to enable them to develop their knowledge, safety and self-confidence, this evaluation has raised some issues to be considered for future projects. These are discussed below:

- Vulnerable and disadvantaged young women can experience a numerous issues at times of risk and crisis, as represented through the diverse range of problems represented within The Key. Common themes were discussed within group work settings, however there are not necessarily any easy to map clear patterns in relation to the lives and experiences of disadvantaged and vulnerable young women at times of risk and crisis. Future work around young women's experiences would benefit from a greater understanding of potential patterns to better inform project planning and service delivery.
- Whilst evidence of short-term impact on young women involved in The Key has been demonstrated, if the medium and longer-term impacts could be captured it would provide even stronger evidence for the efficacy of the project. Unfortunately it would be extremely challenging to capture such data, given the nature of the project and young women's disengagement after they are ready to 'move on'.
- The sustainability of projects and the importance of continued delivery needs attention given the short-term nature of current funding cycles. The Key was able to work with a large number of young women over a short period of time in a way that many other services are not able to, and it was uniquely able to meet the complex needs of the young women involved.
- Given the age-range of girls and young women involved in The Key, a case can be made for the wider delivery of projects; in relation to how young women might be able to avoid abusive relationships if they had

access to support around developing resilience and self-esteem. This work is also relevant in terms of child protection proceedings and local authority care; with apparent benefits of supporting young mothers around their own issues, and not just in relation to their parenting. The case for short-term early intervention within a school setting is also worth considering, as a mechanism to identify those in need of intensive support earlier than current delivery models allow. School-based intervention would create opportunities for confidence and resilience work at an earlier stage in young women's lives.

- Future research should consider the economic and social impact of projects such as The Key to inform a more robust and detailed analysis of outcomes; specifying how, for example, statutory social care is supported by projects like The Key and the wider impact such projects have.
- Despite successful recruitment in terms of numbers, analysis of the project monitoring data shows that the majority of young women working with The Key were white, and heterosexual. Future delivery needs to consider alternative recruitment mechanisms to ensure greater reach to vulnerable young women from BME communities, as well as lesbian and bisexual women.
- Future delivery should also consider developing exit planning further; providing more of a stepped process for those young women leaving a project so that they are enabled to move from intensive one-to-one support successfully.

8. How we conducted the research

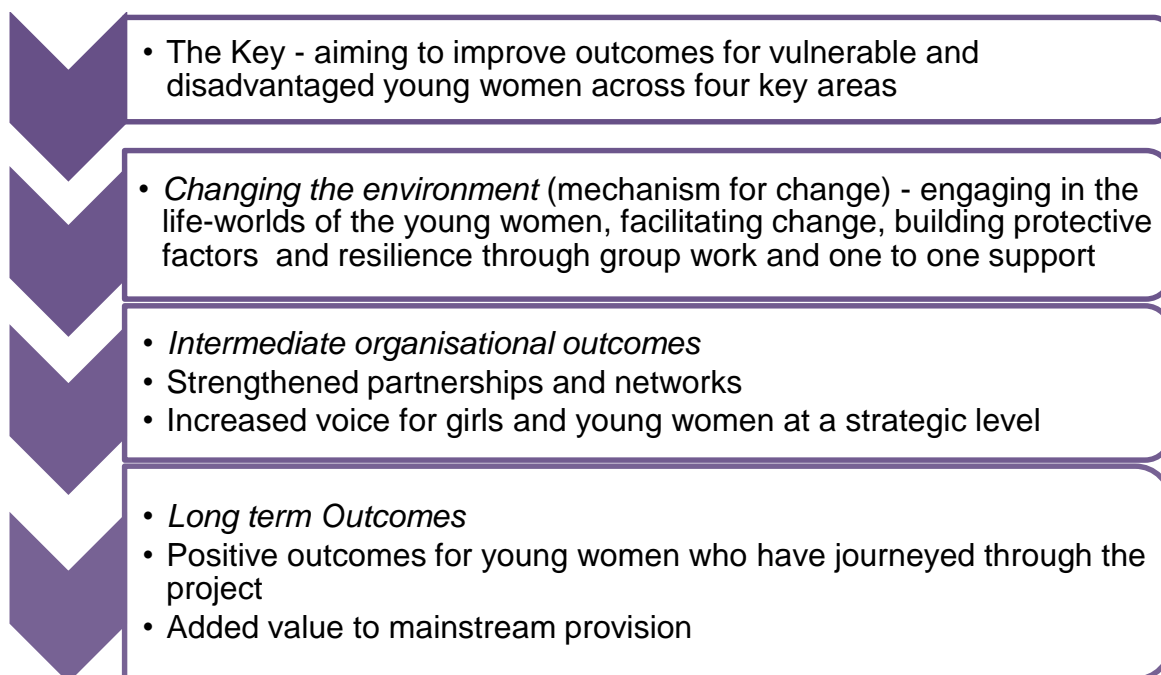
The evaluation was conducted by researchers from the Centre for Health Promotion Research in 2015. The evaluation used a mixed-method approach comprising data from interviews with young women, interviews with project staff and desk-based analysis of monitoring data, in order to ascertain the extent to which the project had met its outcomes. The project had four main outcomes that were considered within the evaluation process:

- Outcome 1 – Young women involved in the project will have increased their ability to identify abusive behaviours and respond appropriately
- Outcome 2 – Young women involved in the project will have increased their safety from abuse through peer support
- Outcome 3 – Young women involved in the project will have increased their capacity to control and change their lives
- Outcome 4 – Young women involved in the project will have increased their self-confidence and sense of control

Theory of Change

The evaluation also tested the project's 'Theory of Change' (Judge and Bauld, 2001). This makes explicit the links between project goals and the different contexts and ways in which the project works. It provides a framework for mapping subsequent outcomes at an individual, organisational and community level which will fit with the overall objectives of The Key (see Figure 4).

Figure 4 – Theory of Change for The Key Evaluation



Approach to gathering evidence

Data collection with young women

During one of the group sessions, the worker asked young women to produce a storyboard of their journey through the project, based on an approach previously used within another similar evaluation. The young women were given the opportunity to self-select to participate in the evaluation, and the activity was designed to facilitate an inclusive, flexible and non-threatening approach, putting the young women at the centre of the data-gathering process (Cross and Warwick-Booth, 2015). Five young women were also interviewed face-to-face by one of the project workers. See Appendix 2 for the interview schedule.

Qualitative data collection with stakeholders

Interviews with both the project workers were also carried out by the evaluation team. An interview schedule was developed in line with the objectives for the evaluation and broadly covered the following key areas: the project background, the approach adopted within The Key, the impact of the project on the young women and any aspects of learning during the project delivery (see Appendix 3 for the schedule).

Desk-based analysis

The aim of the desk-based analysis was to provide a rigorous analysis of monitoring data collected via The Key staff. The primary data sources were the demographic data collected during the project, steering group notes, project funder reports and evaluation data collected by the project workers as part of their ongoing monitoring within the project. Data from each of these was extracted and analysed systematically, using framework analysis.

Data analysis

For all qualitative methods, framework analysis was used. Framework Analysis develops a hierarchical thematic framework to classify and organise data according to key themes, concepts and emergent categories. The framework is the analytic tool that identifies key themes as a matrix where patterns and connections emerge across the data (Ritchie et al., 2003). The matrix was constructed using the aims of the evaluation.

Research ethics

The evaluation was given ethical approval through Leeds Beckett University ethics procedures. The following practices were adhered to, to ensure ethical rigour. Informed consent – written consent was obtained from all participants who were interviewed. Assent – where the young women were below the age of consent, parental assent was obtained. Risk – given the vulnerability of the young women, particular attention was paid to safeguarding participants, with risk

assessment undertaken prior to data-collection, and the use of a debrief sheet following data collection. Confidentiality and anonymity – no personal identifying information has been used in the reporting the data. Secure information management – security was maintained through password-protected university systems.

Limitations of the Evaluation

The evaluation has sought to identify and bring together a range of perspectives in order to highlight what works and what might be done differently. Nevertheless, like any piece of work, there are limitations. The evaluation team were reliant on The Key staff to access the young women's perspectives, whether this was in person or via records/documents held by the project. The data would have been richer had the evaluation team been able to talk to more young women directly, but sensitivity was needed in terms of the vulnerability of the group. The evaluation was also conducted at the end of the project life-span so had a short-term focus, which again may have limited the findings.

9. References

- Abdi, F. & Simbar, M. (2013) 'The Peer Education Approach in Adolescents – Narrative Review Article' *Iranian Journal of Public Health* 42, 11, pp. 1200-1206.
- Armstrong, K., Watling, H. & Buckley, L. (2014) 'The Nature and Correlates of young women's peer-directed protective behaviour strategies' *Addictive Behaviors* 39, pp. 1000-1005.
- Bloom, B., Owen, B. & Covington, S. (2003) *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* Washington DC: National Institute of Corrections.
- Carroll, N. & Grant, C. (2014) *Showcasing Women Centred Solutions*. WomensCentre and Lankelly Chase.
- Cross, R & Warwick-Booth, L. (2015 in press) *Using storyboards in participatory research* Nurse Researcher.
- Gilligan, P. (2015) 'Turning it around; what do you women say that helps them to move on from child sexual exploitation?' *Child Abuse Review Article* first published online: 2 MAR 2015 DOI: 10.1002/car.2373
- Hatchett, V., Tebbet-Duffin, U., Pybis, J. & Rowland, N. (2014) *Mental Health Provision in Women's Community Services*. Lutterworth: BACP.
- Jones, C. (2014) *Interim report on the Progress of the Girls and Young Women' Resilience Project, The Way Forward Project*, WomenCentre.
- Judge, K. & Bauld, L. (2001) Strong theory, flexible methods: evaluating complex community-based initiatives. *Critical Public Health* 11, pp.19-38.
- McNeish, D. & Scott, S. (2014) *Women and girls at risk. Evidence across the life course*. North Dalton: DMSS Research.
- Nicholles, N. & Whitehead, S. (2012) *Women's Community Services: A Wise Commission*. London: NEF.
- Radcliffe, P., Hunter, G. & Vass, R. (2013) *The Development and Impact of Community Services for Women Offenders: an evaluation*. London: The Institute for Criminal Policy Research.
- Rice, B., Ahmad, E. & Caldwell, S. (2011) *Jagonari Women's Educational Resource Centre Evaluation of the Women Ahead Project* Evaluation report. Accendo.
- Ritchie, J., Spencer, L. & O'Connor, W. (2003) 'Carrying out qualitative analysis' Ritchie, J. & Lewis, J. (eds) (2003) *Qualitative research practice*:

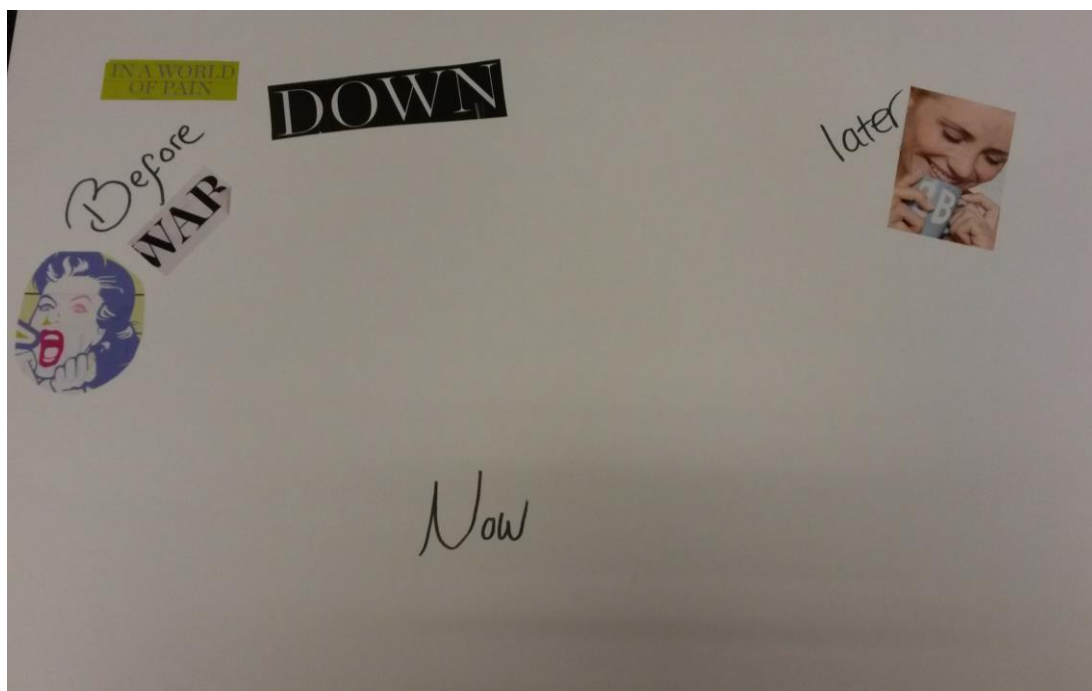
A Guide for Social Scientist Students and Researchers. Pp. 219-262. London: Sage.

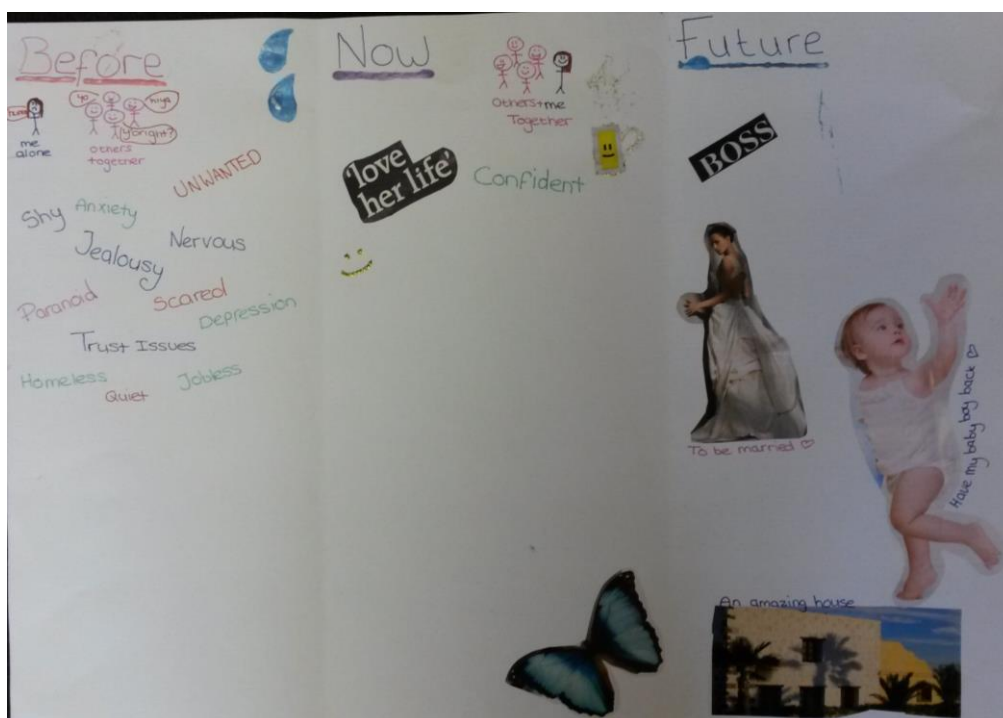
Sanders, J. & Munford, R. (2008) 'Losing self to the future? Young Women's strategic responses to adulthood transitions' *Journal of Youth Studies* 11, 3, Pp. 331-346.

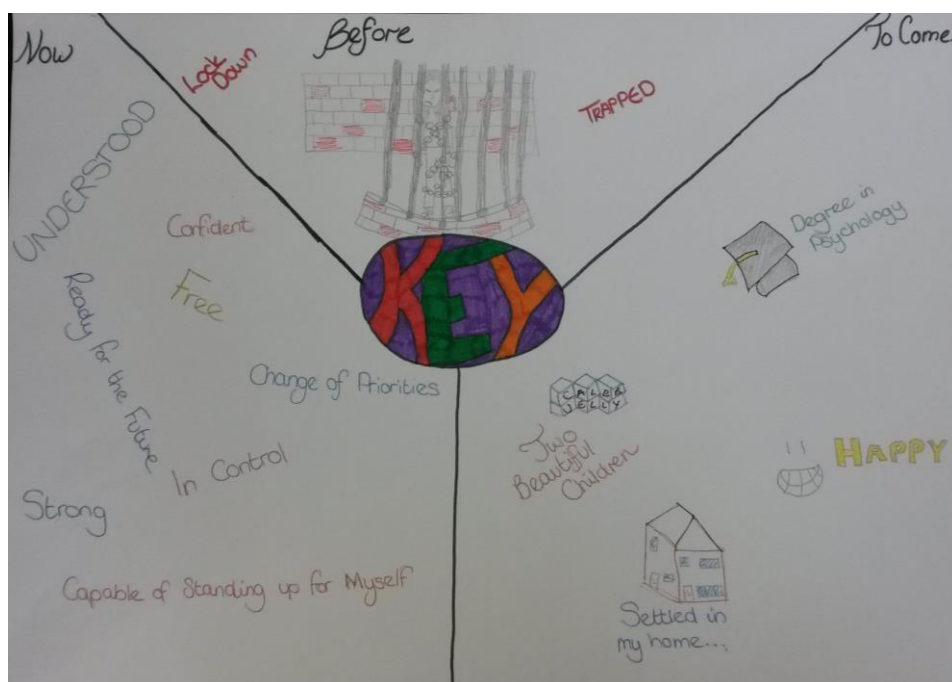
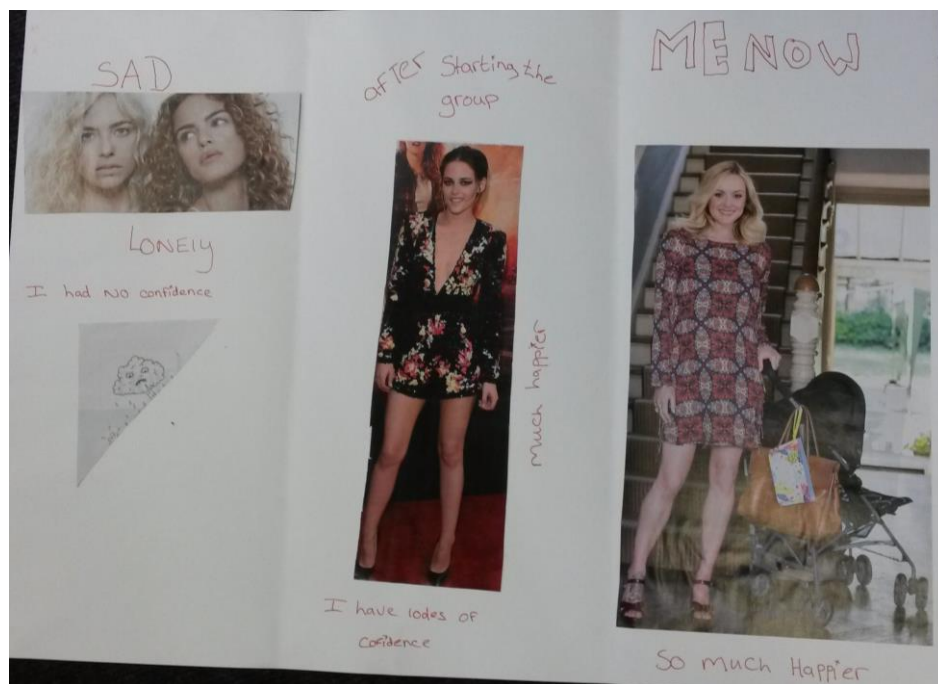
Shepherd, C., Reynolds, F.A. & Moran, J. (2010) 'They're battle scars, I wear them well: a phenomenological exploration of young women's experiences of building resilience following adversity in adolescence' *Journal of Youth Studies* 13, 3, Pp. 273-290.

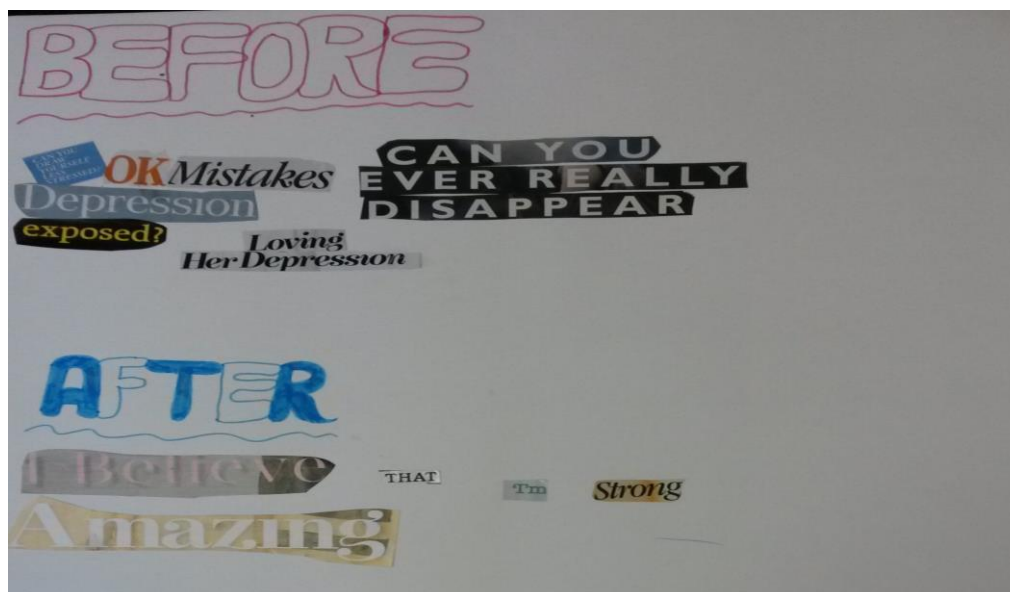
10. Appendices

Appendix 1 – Storyboard images created by young women during a group activity









Appendix 2 – Young women's interviews

- How did you feel when you first came to group?
- What has been your favourite thing about coming to group?
- What has been your least favourite?
- If we could do things differently in future, what would you want us to change?
- If we had all of the money in the world, how would you want to change the project?
- In future, we may be asking group members if they want to be more involved, this might be delivering events, helping us set up sessions, supporting new members, leading parts of sessions or something like that – does this sound like something you would like to be involved in?
- Now you've been working on the storyboard, can you tell me what the group or one-to-one support from The Key has meant to you or how it makes you feel?
- How do you think The Key has helped, if at all?

Appendix 3 – Project Worker Interviews

Interview Schedule

Introductions

- Stress that we want to talk about the project in a general way rather than trying to obtain specific information about any of the young women involved. If names or identifying factors come up in the conversation then reassure that the information will be anonymised.

Background/Introductory information

- Please could you tell me about your role/what you do?
- How are you connected to The Key Project?
- What impact has the project had on the young women who have been referred to it?
 - What changes have you seen in her situation/circumstances? Which of these might be as a direct result of her involvement with The Key project?
 - How do you think the project has supported the young women who have been referred? Is this different in any way to existing provision?
 - Is the project engaging with young women in a different way to existing services?
 - Do you think there is any evidence of changes and improved outcomes for the young women? Can you give an example?
 - What about the involvement of, or reaching, excluded or disadvantaged young women? Has The Key helped respond to vulnerable young women's needs?
- Can you describe The Key approach?
 - What makes it unique?
 - Do you think it is effective? If so, how and why (what features make it so?)
- Can you tell me about any learning that you have experienced in your role as part of the Key?
 - Is there anything that you would do differently if you were to set up another young women focused project?
 - What have been the important lessons for you as a practitioner?

Closing questions

- Is there anything you would like to say about The Key project which we have not discussed/talked about?
- Thank you for your time etc., etc.